

DIRECTIONS:

Return the completed form to your district office to be included with the request for the approval of the Provisional Authorization.

PROVISIONAL AUTHORIZATION

(PERSONAL INFORMATION FORM)

Item 1: Demographic Information		
Name (on line below)	Maiden Name	
Address/PO Box/Apt # (on line below)	Home Phone	Work Phone
City, State, Zip (on line below)	Date of Birth	Male/Female
		M F
Social Security Number (on line below)	Employing Idaho District #	
Teaching Area(s) for Which You Are Being Hired: (e.g.; 5th grade, school counselor, chemistry 6-12)	Name of School Where Working	

Item 2: Educational Background (Use back of this sheet for more room if needed.)					
	Name of School Attended	Years Attended (from-to)	Type(s) of Degree(s)	Year Earned	Subject Area
High School					
Technical/Trade School					
Junior College					
College/University					

Item 3: List work experience, educational background, etc. that you think make you unique for the job.	Number of Years

Item 4: Describe any future plans for obtaining certification in your assignment area.

Item 5: Applicant Verification (Must be completed in order for application to be processed.)		
A. Have you ever had a teaching certificate revoked, suspended, or denied, or have you ever voluntarily relinquished one to avoid revocation proceedings in Idaho or another state?	YES ()	NO ()
B. Have you ever been convicted of any crime or violation of any law in any state, federal, or military court? (NOTE: For the purposes of this question, "conviction" includes (1) all instances in which a plea of guilty or <i>nolo contendere</i> is the basis of conviction; 2) all proceedings in which a sentence has been suspended, deferred, or withheld; or 3) all proceedings in which the prosecution was deferred. Do not include convictions for minor traffic violations.	YES ()	NO ()

If the answer is **YES** to either of the above, attach an explanation, a court record, and the arresting officer's report.

By your signature on this document, you attest and affirm that all statements made are true and correct according to your knowledge and belief. You further attest and affirm that you have and will abide by Idaho Code and State Board of Education rules and regulations relative to the responsibility and conduct of certificated Idaho educators. Entry of false information on this document could result in denial of your application.

Date

Signature of Applicant